



STATE OF WASHINGTON
POLICE TRAFFIC
COLLISION REPORT



1591971

REPORT NO. **E351481**

INTERSTATE <input type="checkbox"/>	CITY STREET <input checked="" type="checkbox"/>	FIRE RESULTED <input type="checkbox"/>
STATE ROUTE <input type="checkbox"/>	OTHER <input type="checkbox"/>	STOLEN VEHICLE <input type="checkbox"/>
COUNTY RD <input type="checkbox"/>	PRIVATE WAY <input type="checkbox"/>	HIT & RUN INVOLVED <input type="checkbox"/>

TRIBAL RESERVATION ☐

CASE #	14-02071
LOCAL AGENCY CODING	0664
TOTAL # OF UNITS	02
OBJECT STRUCK	

DATE OF COLLISION	08	-	25	-	2014	TIME (2400)	1250	COUNTY #	31	MILES		N	E	IN	OF	0664
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ON (PRIMARY TRAFFIC WAY) INTERSECTION ☒ NON-INTERSECTION ☐

ALDER RD BLOCK NO. ☐ MILE POST ☐

DISTANCE ☐ MILES ☐ FEET ☐ N ☐ E ☐ S ☐ W ☐ OF (REFERENCE OR CROSS STREET) LAKEVIEW DR

UNIT 01	MOTOR VEHICLE <input checked="" type="checkbox"/>	PEDAL-CYCLE <input type="checkbox"/>	DAMAGE THRESHOLD MET YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	PHONE D: 4257915164
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LAST NAME	FINHOLT	FIRST NAME	ARON	MIDDLE INITIAL	D
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STREET NEW ADDRESS ☒ 2427 ALDER RD #2

CITY	LAKE STEVENS	ST	WA	ZIP	98258
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CDL	RESTRICTIONS	ENDORSEMENTS
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DRIVER'S LICENSE #	FINHOAD030KF	STATE	WA	SEX	M	D.O.B.	MMDDYYYY	05	-	06	-	1997
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ON DUTY <input type="checkbox"/>	STATUS	AIRBAG	2	RESTR.	4	EJECT	1	HELMET USE	INJURY CLASS	1	NATURE OF INJURIES
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LICENSE PLATE #	ALD4425	STATE	WA	VIN#	1ZWFT61L3X5639380
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TRAILER PLATE #	STATE	TRAILER PLATE #	STATE
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VEH. YEAR	1999	MAKE	MERC	MODEL	COUGA	STYLE	SD	VEHICLE TOWED YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	TOWED BY	GOVT. VEHICLE YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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REGISTERED OWNER INFO. OWNED BY DRIVER

LIABILITY INSURANCE IN EFFECT <input checked="" type="checkbox"/>	INSURANCE CO & POLICY #	GEICO 4057-17-73-72
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VEHICLE LEGALLY STANDING YES <input type="checkbox"/> NO <input type="checkbox"/>	CITATION #	CHARGE
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UNIT 02	MOTOR VEHICLE <input checked="" type="checkbox"/>	PEDAL-CYCLE <input type="checkbox"/>	PEDESTRIAN <input type="checkbox"/>	PROPERTY OWNER <input type="checkbox"/>	DAMAGE THRESHOLD MET YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	PHONE D: 3806183071
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LAST NAME	SMITH	FIRST NAME	CINDY	MIDDLE INITIAL	M
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STREET NEW ADDRESS ☒ 2415 ALDER RD #A

CITY	LAKE STEVENS	ST	WA	ZIP	98258
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CDL	RESTRICTIONS	ENDORSEMENTS
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DRIVER'S LICENSE #	SMITHCM323B3	STATE	WA	SEX	F	D.O.B.	MMDDYYYY	01	-	23	-	1968
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ON DUTY <input type="checkbox"/>	STATUS	AIRBAG	2	RESTR.	4	EJECT	1	HELMET USE	INJURY CLASS	1	NATURE OF INJURIES
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LICENSE PLATE #	317YPM	STATE	WA	VIN#	1G3NB52M9X6334774
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TRAILER PLATE #	STATE	TRAILER PLATE #	STATE
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VEH. YEAR	1999	MAKE	OLDS	MODEL	CUTLASS	STYLE	SD	VEHICLE TOWED YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	TOWED BY	GOVT. VEHICLE YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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REGISTERED OWNER INFO. OWNED BY DRIVER

LIABILITY INSURANCE IN EFFECT <input checked="" type="checkbox"/>	INSURANCE CO & POLICY #	PROGRESSIVE 900395675
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VEHICLE LEGALLY STANDING YES <input type="checkbox"/> NO <input type="checkbox"/>	CITATION #	CHARGE
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OFFICER'S NAME (PRINT)	ROBERT MINER	BADGE OR ID #	095	AGENCY	WA0311900
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STATE OF WASHINGTON
POLICE TRAFFIC
COLLISION REPORT



1591972

CORRECTION

REPORT NO. **E351481**

CASE # **14-02071**

ADDITIONAL PERSONS INVOLVED (PASSENGERS AND/OR WITNESSES ONLY)

NAME (LAST, FIRST, MIDDLE INITIAL)													
ADDRESS & PHONE #										SEX	D.O.B. MMDDYYYY		
PASSENGER <input type="checkbox"/>	WITNESS <input type="checkbox"/>	UNIT #	SEAT POS.	AIRBAG	RESTR.	EJECT	HELMET USE	INJURY CLASS	NATURE OF INJURIES				
NAME (LAST, FIRST, MIDDLE INITIAL)													
ADDRESS & PHONE #										SEX	D.O.B. MMDDYYYY		
PASSENGER <input type="checkbox"/>	WITNESS <input type="checkbox"/>	UNIT #	SEAT POS.	AIRBAG	RESTR.	EJECT	HELMET USE	INJURY CLASS	NATURE OF INJURIES				
NAME (LAST, FIRST, MIDDLE INITIAL)													
ADDRESS & PHONE #										SEX	D.O.B. MMDDYYYY		
PASSENGER <input type="checkbox"/>	WITNESS <input type="checkbox"/>	UNIT #	SEAT POS.	AIRBAG	RESTR.	EJECT	HELMET USE	INJURY CLASS	NATURE OF INJURIES				

NARRATIVE

Unit # 1 was westbound Lakeview Dr approaching Alder Rd to make a right hand turn northbound. Unit #2 was southbound Alder Rd approaching Lakeview Dr. To to shrubbery, Driver of Unit #1 could not see up Alder Rd. As Unit #1 made the turn onto Alder Rd, Unit #1 impacted with Unit #2 headon. It should be noted that Alder Rd is a two way road about the size of a normal one lane road. There is little to not celar vision of sight from Alder onto Lakeview and from Lakeview onto Alder due to foilage.

I CERTIFY (DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT. (RCW 9A.72.085)

ROBERT MINER

08-25-14 05:50 PM

INVESTIGATING OFFICER'S SIGNATURE

UNIT OR DIST. DET

DATED

PLACE SIGNED

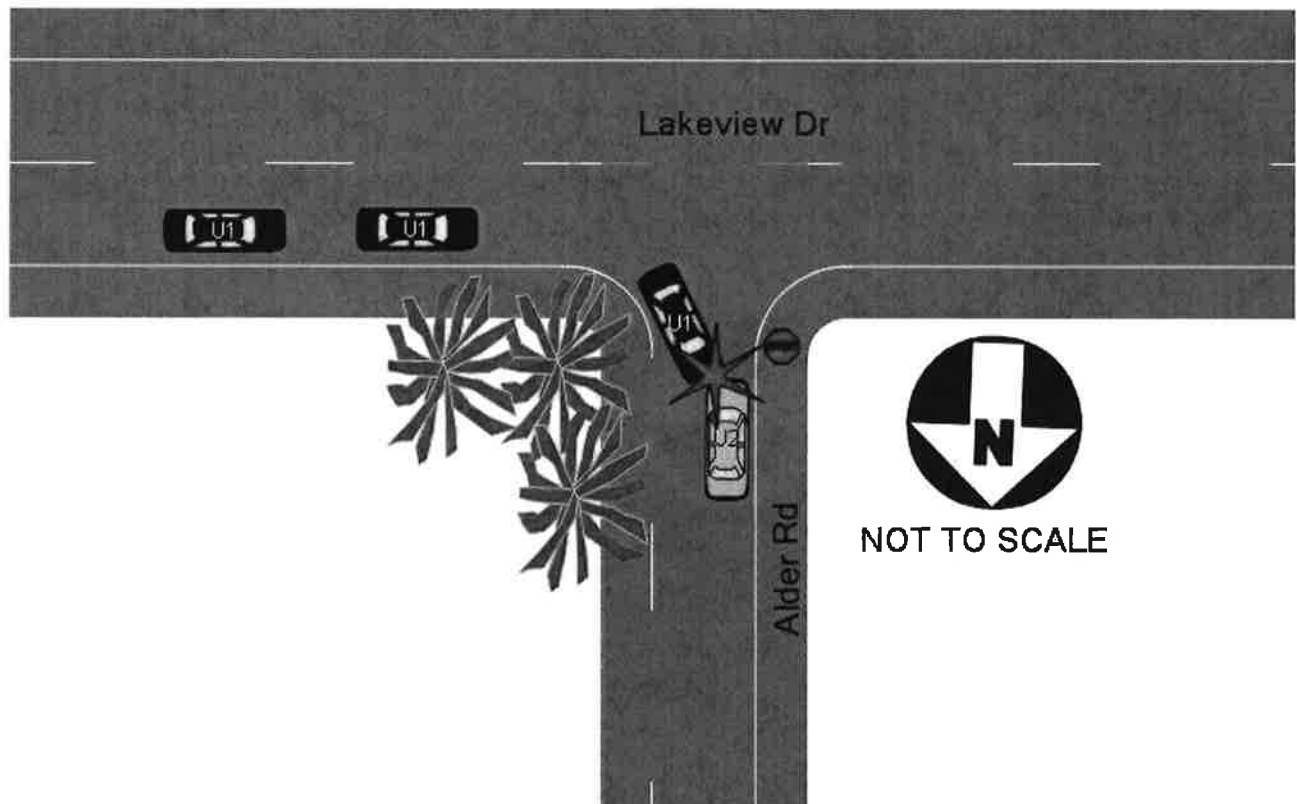
APPROVED BY

DATE

ROBERT MINER 095

8/25/2014 5:50:32 PM

BADGE OR ID #	095	ORI #	WA0311900	TIME POLICE DISPATCHED	12:52 PM	TIME POLICE ARRIVED	1:00 PM
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LAKE STEVENS POLICE DEPARTMENT

VICTIM/WITNESS STATEMENT

CASE NUMBER

14-2071

VICTIM / WITNESS

NON-DISC <input type="checkbox"/>	NAME (LAST, FIRST MIDDLE) Finholt, Aron, David	RACE W	ETH	SEX M	DOB 05/06/1997	AGE 17	HGT 5'11	WGT 132	HAIR Brown	EYES Blue
STREET ADDRESS 2427 Alder Rd #2		CITY Lake Stevens			STATE Wa	ZIP 98258		RES. STATUS		
HOME PHONE		CELL PHONE 425-791-5164			PLACE OF EMPLOYMENT					
WORK PHONE		EMAIL ADDRESS aronfinholt@gmail.com								

I, Aron Finholt, DID NOT GRANT, NOR TO MY KNOWLEDGE DID ANYONE ELSE OF PROPER AUTHORITY, GRANT ANYONE PERMISSION TO ENTER MY: (CIRCLE ONE) RESIDENCE, PROPERTY, AND/OR SUCH ASSET(S) UNDER MY CONTROL; NOR WAS PERMISSION GRANTED TO SUCH PERSON(S) TO TAKE ANY ITEM(S) FROM, NOR COMMIT ANY ACT(S) THEREIN. I WILL PROSECUTE FOR SUCH ACTIONS COMMITTED.

Driving down the hill towards the roundabout, turned right on Alder Rd. The other car could not be seen from the road and wasn't seen by myself until impact. Narrow road made no escape route.

I CERTIFY (OR DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT

SIGNATURE: <u>Aron Finholt</u>	DATE SIGNED 8/25/14	LOCATION SIGNED Alder Rd, Lake Stevens
OFFICER/NUMBER: Mines	DATE SIGNED 8/25/14	LOCATION SIGNED LK Stevens

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LAKE STEVENS POLICE DEPARTMENT

VICTIM/WITNESS STATEMENT

CASE NUMBER

14-2071

VICTIM / WITNESS

NON-DISC <input type="checkbox"/>	NAME (LAST, FIRST MIDDLE) Smith Cindy Marie	RACE W	ETH	SEX F	DOB 1/23/08	AGE 46	HGT 55	WGT 175	HAIR blonde	EYES hazel
STREET ADDRESS 2415 Alder Rd Apt A		CITY Lake Stevens		STATE WA		ZIP 98258		RES. STATUS		
HOME PHONE —		CELL PHONE 360-618-3071		PLACE OF EMPLOYMENT						
WORK PHONE —		EMAIL ADDRESS scindy m23@yahoo.com								

I, _____, DID NOT GRANT, NOR TO MY KNOWLEDGE DID ANYONE ELSE OF PROPER AUTHORITY, GRANT ANYONE PERMISSION TO ENTER MY: (CIRCLE ONE) RESIDENCE, PROPERTY, AND/OR SUCH ASSET(S) UNDER MY CONTROL; NOR WAS PERMISSION GRANTED TO SUCH PERSON(S) TO TAKE ANY ITEMS(S) FROM, NOR COMMIT ANY ACT(S) THEREIN. I WILL PROSECUTE FOR SUCH ACTIONS COMMITTED.

Heading south on Alder Rd coming up to stop sign young man heading west on Lundeen Pkwy turned right onto Alder Rd and ran right into me.

I CERTIFY (OR DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT

SIGNATURE:

Cindy Smith

DATE SIGNED

8/25/14

LOCATION SIGNED

LK Stevens

OFFICER/NUMBER:

minor

DATE SIGNED

8/26/14

LOCATION SIGNED

LK Stevens

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Incident History for: #SS14016659

Case Numbers: \$SS14002071

Entered 08/25/14 12:50:44 BY SPCT05 SP0355
Dispatched 08/25/14 12:52:23 BY SPDP17 ROGER
Enroute 08/25/14 12:52:23
Onscene 08/25/14 13:00:06
Closed 08/25/14 13:19:55

Initial Type: COL Initial Alarm Level: Final Alarm Level:

Final Type: COL (COLLISION, NON-PRIORITY) Pri: 2 Dispo: H

Police BLK: SS001 Fire BLK: AG1619 Map Page: 377G-5 Group: SS1 Beat: NORT
Src: T

Loc: ALDER RD/LAKEVIEW DR ,LKS (V)

Loc Info: ON ALDER RD NO LOC

Name: SMITH, CINDY

Addr:

Phone: 3606183071

/1250 (SP0355) ENTRY ,CC 2 CAR NON INJ, NON BLK, GRY OLDS CUTLASS VS
BLK MERC COUGAR
/1252 (ROGER) DISPER 19S13 #SS95 MINER, SGT (ROBERT)
/1253 ASSTER 19D2 [ALDER RD/LAKEVIEW DR ,LKS]
#SS91 WACHTVEITL, DET (JERAD)
/1300 (SS91) *ONSCNE 19D2
/1300 (ROGER) ONSCNE 19S13
/1306 (SS95) *ASNCAS 19S13 \$SS14002071
/1306 (SS91) *CLEAR 19D2 D/D
/1307 (SS95) REMINQ 19S13 MDTVEH, ALD4425, , WA, , , , , , , , , ,
/1308 REMINQ 19S13 MDTWANT, , , , , , WA, FINDOAD030KF, , , , , , , , , ,
/1311 REMINQ 19S13 MDTWANT, FINHOLT, ARON, D, 050697, , , WA, , , , , , , , , ,
/1312 REMINQ 19S13 MDTVEH, 317YPM, , WA, , , , , , , , , ,
/1312 REMINQ 19S13 MDTWANT, SMITH, CINDY, M, 012368, , , WA, , , , , , , , , ,
/1319 (SP0320) CLEAR 19S13 D/H
/1319 CLOSE 19S13